MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09288

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 654 Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 654 Franklin St

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) C. (Last) Akers

4. DATE OF DEATH (Month) Sept. (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 17, 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal Repair Man Penn R.R
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Akers
14. MOTHER'S MAIDEN NAME Carrie Alendar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Joseph C. Akers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 months
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	~~Benign~~ Benign Prostatic Hypertrophy	3 years

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1950, to Sept. 22, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE IRVIN Irven L. Wachsman (Degree or title) WACHSMAN M.D. ADDRESS Havre de Grace DATE SIGNED Sept 22 1950

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE Sept. 25, 1950
NAME OF CEMETERY OR CREMATORY Wesleyan Chapel
LOCATION (City, town, or county) Near Aberdeen (State) Md.

DATE REC'D BY LOCAL REG. Sept. 23 - 1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring & Sons, Aberdeen, Md ADDRESS

46247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 25 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09289

Reg. Diat. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A-15 9-45-15M

1. PLACE OF DEATH:

County Harford

City or town Edgewood rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No. Wilble Beach

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Anna Bumba (ANNA BUMBA)

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife Jacob Bumba

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1866

8. AGE: Years	Months	Days	If less than one day
83			..... hrs. ..... min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER 12. Name george Dubcak

13. Birthplace

MOTHER 14. Maiden name Rose Polecheck

15. Birthplace

16. Informant Mrs. Rose Holecheck

Address Edgewood, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 10/2/50 (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Baltimore, Md.

18. Funeral director HENRY SANDER & SONS, INC.

Address NORTH AVE. & BROADWAY

19. 9/29 (Date rec'd by registrar) 19 50 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 19 50, at 8 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 19 47, to Sept 25 19 50

and that I last saw h... alive on Sept 28 19 50

Immediate cause of death	DURATION
Cerebral hemorrhage	2 days
Due to Arteriosclerosis and hypertension and	4 yrs
Due to Cerebral thrombosis	
Other conditions	

331X

83a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred O Hodson M.D

M. D. or other

Address Edgewood, Md Date signed 9-28-50

MARYLAND STATE DEPARTMENT OF HEALTH

09290

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
STREET ADDRESS (If rural, give location) Quarters 949, Apt. 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Stephen (Last) Byerly

4. DATE OF DEATH: (Month) September (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10 September

9. AGE last birthday: 0000000 yrs. If under 1 year: Months; Days: 6; If under 24 hrs.: Hours; Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): newborn infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Byerly

14. MOTHER'S MAIDEN NAME: Eleanor Louise Yawn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. William Byerly Qts 949, Apt. 1, Aberdeen Prv. Gnd., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0 Immediate cause (a) Pulmonary Atelectasis — Interval Between Onset and Death: 6 Hrs

1600 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema — 6 Hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-10-50

19b. MAJOR FINDINGS OF OPERATION: Thoracic Section

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1950, to 9-10, 1950, that I last saw the deceased alive on 9-10, 1950, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

SIGNATURE: Joseph R. Rake (Degree or title) M.D. ADDRESS: U.S Army Hospital. Aberdeen P.G. DATE SIGNED: 9-10-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 12, 1950 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Aberdeen Proving ground Md

DATE REC'D BY LOCAL REG.: Sept 18-50 — REGISTRAR'S SIGNATURE: Nellie E Riley

24. FUNERAL DIRECTOR: Howard R. McCormick — ADDRESS: Abingdon Md.

2-6-9-10-0-35-2-40-7

RECEIVED
SEP 19 1950
BUREAU V. S

Evidnece for addition of #18 shown on:

09291

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 128 SEP 25 1950

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Cambria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesboro
STREET ADDRESS (If rural, give location) 525 Philadelphia Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) ANTHONY (Middle) C (Last) CCYTO

4. DATE OF DEATH (Month) September (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 2, 1919
9. AGE last birthday 30 yrs. If under 1 year Months 9 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY Pa. Turn Pike Comm.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Certo
14. MOTHER'S MAIDEN NAME Angeline Milicia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Angelo L. Certo 509 Cloud St. Pittsburg Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pending Investigation — INTERVAL BETWEEN ONSET AND DEATH: none

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency due to Congenital

157e (c) absence of the right coronary artery.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (9-25-50 - ams)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Bel Air Md 9/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 17-50
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) Barnesboro (State) Pa.

DATE REC'D BY LOCAL REG. Sept. 16-1950
REGISTRAR'S SIGNATURE G. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

V1697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 19 1950
BUREAU V. S

09292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Aberdeen — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Aberdeen
STREET ADDRESS (If rural, give location): Aldino Section

3. NAME OF DECEASED (Type or Print): (First) Rae (Middle) A. (Last) Chalk
4. DATE OF DEATH: (Month) Sept. (Day) 20th (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21st. 1896
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Nicholas Akers
14. MOTHER'S MAIDEN NAME: Norma Wiggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Emmett G. Chalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 15 min

420.1 Antecedent cause(s) (b) Essential Hypertension — 15 yrs

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cirrhosis Liver Chr. Nephritis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1939, to Sept, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 10:9 a.m., from the causes and on the date stated above.

SIGNATURE: J. Ralph Harley MD (Degree or title) — ADDRESS: Churchville Md — DATE SIGNED: Sept 21 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 23rd. — NAME OF CEMETERY OR CREMATORY: Bakers Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Harford Co. Md

DATE REC'D BY LOCAL REG.: Sep-23-50 — REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09293

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 N. Ohio St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 220 N. Ohio St

3. NAME OF DECEASED (Type or Print) (First) Shirley (Middle) Elizabeth (Last) Christy

4. DATE OF DEATH (Month) Sept. (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 30, 1950
9. AGE last birthday 0 yrs. If under 1 year: Months 5, Days 5; If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME Roberta Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Miss Roberta Christy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	1 day
491 X Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1950, to Sept. 5, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Fran Wolbert (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED Sept 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 7, 1950
NAME OF CEMETERY OR CREMATORY Swan Creek
LOCATION (City, town, or county) Harford, Co. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 6-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell, ADDRESS Havre de Grace Md.

1-0-3-30-0-16-1-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH · COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) A	(Last) CULLUM	4. DATE OF DEATH	(Month) SEPT. (Day) 8, (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Feby 23/1876	9. AGE last birthday 74 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) W. Va	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Evan Warfield	14. MOTHER'S MAIDEN NAME Jeanette Baughman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT AND ADDRESS Wm L Cullum			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	30 MINUTES
420.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	PROB 10 YRS
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1950, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Barthel	MD	Forest Hill Md.	Sept. 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept 11/50	NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens	LOCATION (City, town, or county) (State) Bel Air, Md
DATE REC'D BY LOCAL REG. 9/10/50	REGISTRAR'S SIGNATURE Priscilla Forward	24. FUNERAL DIRECTOR Jos T Foster Bel Air Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

09295

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLATON, Rd. Joffra
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLATON Road Joffra
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) LEONARD (Last) DAUGHTON

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 23 1949
9. AGE last birthday 1 yrs. If under 1 year: Months — Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fountain Green md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Paul Daughton
14. MOTHER'S MAIDEN NAME Helen Louise Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John P. Daughton Joffa md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X Immediate cause (a) Atypical pneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 days

Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1950, to Sept 13, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 11P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer MD (Degree or title) ADDRESS Bel Air, md DATE SIGNED 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 16-50
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Emmorton Harford (State) md

DATE REC'D BY LOCAL REG. 9/19/50
REGISTRAR'S SIGNATURE Marie Moulsdale Dep Ks
24. FUNERAL DIRECTOR Martin G Kurtz
ADDRESS Jarrettsville md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09296

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): 39 Taft St

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Ralph (Last) Day
4. DATE OF DEATH (Month) Sept (Day) 18 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct 29/1892
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Clay County W. Va
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Rev. Geo N. Day
14. MOTHER'S MAIDEN NAME: Louise Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): World War I
16. SOCIAL SECURITY No.: 212-10-7902
17. INFORMANT AND ADDRESS: Mrs. Bertha L. Blevins Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Edema	Terminal
420.1 Antecedent cause(s)			
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocardial Infarct	Terminal
	(c)	Coronary Arteriosclerosis	2 yr.
		Obesity	5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1950, to 9-18, 1950, that I last saw the deceased alive on 9-18, 1950, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE: Betty V. Rodman, M.D. (Degree or title) ADDRESS: Aberdeen Md DATE SIGNED: 9-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Sept 21-50
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
LOCATION (City, town, or county): Bel Air Harford (State): Md

DATE REC'D BY LOCAL REG.: 9/19/50
REGISTRAR'S SIGNATURE: Priscilla Fowood
24. FUNERAL DIRECTOR: Jos. T Foster ADDRESS: Bel Air Md

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1960
BUREAU V. S

Evidence for change of birth date shown on:
FILM No. G 128 OCT 19 1950

09297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kate (Middle) Anna (Last) Fickus
4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widow
8. DATE OF BIRTH 1880 Nov. 29 ~~1950~~
9. AGE last birthday 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Tarbert
14. MOTHER'S MAIDEN NAME Thresa Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mrs Hulda Fickus Street Harford Co, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.5 Immediate cause (a) Ruptured Bowel — 1 hr.

Antecedent cause(s)

122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal Obstruction — 1 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Sept. 29, 1950, that I last saw the deceased alive on 9/28, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Phillips (Degree or title) MD ADDRESS Darlington, Md DATE SIGNED 9/29/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE Oct. 2, 1950
NAME OF CEMETERY OR CREMATORY Ascension Cem
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REG. Oct 1, 1950
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09298

CERTIFICATE OF DEATH

Reg. Dist. No. 18 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Baby Boy (Last) Fuller

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 9.23.50 — 9. AGE last birthday: — yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Havre de Grace. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Forrest Fuller — 14. MOTHER'S MAIDEN NAME: Ida Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Forrest Fuller, Bradshaw Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE - ATELECTASIS — Since Birth — 325.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) MONGOLIAN IDIOCY - MULTIPLE — Since Birth — 84a

(c) CONGENITAL DEFECTS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Sept., 19 50, to 24 Sept 50, that I last saw the deceased alive on 24 Sept, 19 50, and that death occurred at 10:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R.B. Forrest M.D. — Havre de Grace — 9-24-50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Sept 28, 1950 — Jerusalem — Upper Boyd Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Sept. 28-1950 — G. L. Lewis M.D. — Howard E. McComas & Son — Abingdon Md

2-0-9-23-0-33-3-40-5

VS. A15

RECEIVED
SEP 30 1960
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09299

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 132 Alice Ann

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Woodbine Rock Co. COUNTY Pa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair Woobine
STREET ADDRESS (If rural, give location) 123

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Etta (Last) Harris

4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-20-1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housefife
11. BIRTHPLACE (State or foreign country) Peach Bottom, Twp. Pa
12. CITIZEN OF WHAT COUNTRY? U.S. ~~Pa~~

13. FATHER'S NAME George Johnson
14. MOTHER'S MAIDEN NAME Julia Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Benson Harris - Woodbine Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	1 1/2 years
	(c) coronary arteriosclerosis	2 years

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1950, to Sept. 23, 1950, that I last saw the deceased alive on Sept. 22, 1950, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Richardson, Jr. M.D. ADDRESS Bel Air, Md. DATE SIGNED 9/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-27-50
NAME OF CEMETERY OR CREMATORY Fawn Grove A.M.E. Cem
LOCATION (City, town, or county) (State) Fawn Grove Pa

DATE REC'D BY LOCAL REG. 9-23-50
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Joseph T. Foster Bel Air Md ADDRESS

1950
1888
62

RECEIVED

09300

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - near Dublin
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Darlington R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location) Street, Rural.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Harris
4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 5, 1935
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Chas Edward Harris
14. MOTHER'S MAIDEN NAME Mary Guy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Chas Edward Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

914.1 Immediate cause (a) Electrocution (accidental)

193 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ ~~No~~ ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) near Dublin (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Sept (Day) 5 (Year) 1950 (Hour) 10 15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Contacted Electrified Fence

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H K Delaney (Degree or title) M.D. ADDRESS Aberdeen Md DATE SIGNED Sept 5, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept. 8, 1950
NAME OF CEMETERY OR CREMATORY ~~Clarks Chapel Cem~~ Sand Tower
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 7, 1950
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington

Buried Hillsboro Md Sand Tower Cem Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09301

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair — LENGTH OF STAY (in this place) 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - Rural
STREET ADDRESS (If rural, give location) 1703 Aberdeen Road

3. NAME OF DECEASED (Type or Print): (First) Sheldon (Middle) Marshall (Last) Hill

4. DATE OF DEATH: (Month) September (Day) 14 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Payroll Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Fillmore Hill

14. MOTHER'S MAIDEN NAME: Jane Stahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-9632

17. INFORMANT AND ADDRESS: Mrs. Nellie I Hill 1703 Aberdeen RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer MD (Degree or title) — ADDRESS: Bel Air, Md — DATE SIGNED: 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 16 50 — NAME OF CEMETERY OR CREMATORY: Parkwood cemetery — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Sept. 16 1950 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: H Sander & Sons. — ADDRESS: Baltimore Md.

26649

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09302

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford; LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Charles (Last) Jones

4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 24-1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on County road

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): York Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert T. Jones

14. MOTHER'S MAIDEN NAME: Josephine Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Charlotte Jones, Whiteford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fibro Sarcoma - Left Femur with Metastasis

196X Antecedent cause(s)

55b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec-1946

19b. MAJOR FINDINGS OF OPERATION: Fibro Sarcoma Left Femur

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.45, to Sept 25, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jonah A Hunt M.D. ADDRESS: Delta, Pa. DATE SIGNED: 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Sept. 28, 1950; NAME OF CEMETERY OR CREMATORY: Slate Ridge cemetery; LOCATION (City, town, or county) (State): Delta, York Co. Pa.

DATE REC'D BY LOCAL REG. 9-27-50; REGISTRAR'S SIGNATURE: Pauella Howard

24. FUNERAL DIRECTOR: Hubert P. Harkins; ADDRESS: Delta, Pa.

988 V9

RECEIVED
OCT 3 1960
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

09303

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Dublin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Howa~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Dublin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Jones (Last)

4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH August 29, 1865
9. AGE last birthday 85 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Jones
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mrs. Georgia Hawkins 4604 Porter Ave S.E. Washington 19, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 8:33 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips — ADDRESS Darlington, Md — DATE SIGNED 9/18/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial — DATE Sept 19, 1950 — NAME OF CEMETERY OR CREMATORY Dublin S. M. Cem. — LOCATION (City, town, or county) Harford Co., Md. (State)

DATE REC'D BY LOCAL REG. Sept. 18, 1950 — REGISTRAR'S SIGNATURE C. W. Kirk — 24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md.

308

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SEP 28 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09304

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELINORE (Middle) (Last) KEE

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb 1, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): New York N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Harford Co Welfare Board Bel-Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset and Death: ?

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46 Yr

(b)

(c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1950, to Sept 26, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D. Forest Hill, Md 9/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept 29/1950

NAME OF CEMETERY OR CREMATORY: Principio Cem

LOCATION (City, town, or county) (State): Cecil Co. Md

DATE REC'D BY LOCAL REG.: Sept 27/1950

REGISTRAR'S SIGNATURE: C. H. Kirk

24. FUNERAL DIRECTOR: Lee Patterson ADDRESS: Perryville, Md.

RECEIVED
OCT 5 1950
BUREAU V. S

09305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Adaline (Middle) (Last) Kennedy

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec. 5, 1863
9. AGE last birthday 86 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Homes
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Harford Welfare Board, Bel-air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Myocarditis	3 yrs.
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	" "
		(c) Hypertension	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis 1270 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? ~~Yes~~ ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Sept 25, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE F. P. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 9/25/50 Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE Sept. 27, 1950
NAME OF CEMETERY OR CREMATORY St. Johns Cem.
LOCATION (City, town, or county) Baltimore Co. (State) Md

DATE REC'D BY LOCAL REG. Sept. 25, 1950
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington, Md.

RECEIVED
OCT 5 1950
BUREAU V. S

09306

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Co-Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (Last) KUTCHIE
4. DATE OF DEATH: (Month) Sept 19 (Day) (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 7-20-70
9. AGE last birthday: 80 years yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Clark Fitzpatrick Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150X Immediate cause (a) Carcinoma Esophagus — ?

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) General Arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 19 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill, Md — DATE SIGNED: 9/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 19/50 — NAME OF CEMETERY OR CREMATORY: Harford Co Home — LOCATION (City, town, or county): Bel Air Rural (State): Md

DATE REC'D BY LOCAL REG.: 9/19/50 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: Jas T Foster — ADDRESS: Bel Air Md

98849

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
SEP 22 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09307

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora; STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) Willis; (Last) McKinney

4. DATE OF DEATH: (Month) 9; (Day) 16; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 23 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: William McKinney

14. MOTHER'S MAIDEN NAME: Sarah Eshleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Stella Garvin. Colora. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary oedema — Interval between onset and death:

1143X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Encephalopathy

(c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/11/50

19b. MAJOR FINDINGS OF OPERATION: Prolapse Rectum - Gangrenous Hemorrhoids

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8/, 1950, to 9/16/, 1950, that I last saw the deceased alive on 9/16/, 1950, and that death occurred at 2-20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. L. Mohler M.D. ADDRESS: Harford Memorial Hosp. DATE SIGNED: 9/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Sept 19 1950 NAME OF CEMETERY OR CREMATORY: Friends Burying Ground LOCATION (City, town, or county) (State): Calvert, near Rising Sun. Md.

DATE REC'D BY LOCAL REG'R: Sept. 7-1950 REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: J. E. Tyson. ADDRESS: Rising Sun. Md.

8660

RECEIVED
SEP 20 1950
BUREAU V. S

09308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon — LENGTH OF STAY (in this place) 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) A (Last) Merrick

4. DATE OF DEATH (Month) Sept (Day) 18 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH Apr 1 1883 — 9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Farm owner — 11. BIRTHPLACE (State or foreign country) North Carolina — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Merrick — 14. MOTHER'S MAIDEN NAME Rachel Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. 241-20-5124 — 17. INFORMANT AND ADDRESS Mrs Myrtle Merrick, Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x Immediate cause (a) Cerebral hemorrhage — 2 weeks

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension and previous cerebral — 4 yrs

(c) hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1950, to 9-18, 1950, that I last saw the deceased alive on 9-18, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred O Hodous — ADDRESS Edgewood, Md. — DATE SIGNED 9-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE Sept. 20, 1950 — NAME OF CEMETERY OR CREMATORY Adair Funeral Home — LOCATION (City, town, or county) Beaufort N.C. (State)

DATE REC'D BY LOCAL REG. Sept. 20, 1950 — REGISTRAR'S SIGNATURE Marie M. Mouledale — 24. FUNERAL DIRECTOR Howard K. McConnell Son — ADDRESS Abingdon Maryland 866W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 28 1950
BUFFALO N.Y.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

09309

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 128 OCT 19 1950

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural — LENGTH OF STAY (In this place) 76
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Perry man.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	W.	Morris	Sept	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Nov. 26, 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Gas Station	Maryland.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Morris	Lillie Rosedale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		180-24-3061	Katherine L. Morris

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Suicide by shooting	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 164C	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Aberdeen	Harford	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Sept 26, 1950 2 P.m.		Shot self twice

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M.D.	Deputy Medical Examiner	Harford Co. Bel Air Md.	9/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/29/50	Bakers Cemetery	Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-29-50	Nellie H. Riley	Henry Tarring & Sons	Aberdeen Md.

4670

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 5 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09310

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air rural — LENGTH OF STAY (in this place): about 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Rural
STREET ADDRESS (If rural give location): Paradise Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Alba Moulton

4. DATE OF DEATH (Month) (Day) (Year): Sept 12, 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug. 6th 1867
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alba Moulton
14. MOTHER'S MAIDEN NAME: Harriet Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Records County Home.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 48 hrs.

443X Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardio-Vascular Disease with hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 12, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 9/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 15th — NAME OF CEMETERY OR CREMATORY: Union M. E. Cemetery — LOCATION (City, town, or county) (State): Aberdeen Harford, Md

DATE REC'D BY LOCAL REG.: 9/14/50 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Henry Tarring & Son — ADDRESS: Aberdeen Maryland.

866 VV

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SEP 18 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09311

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 227 Ryland Drive

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Allen (Last) PENCOLA

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 1 Sept 1950

9. AGE last birthday: yrs. — If under 1 year: Months — Days 4 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Paul Alexander Pencola

14. MOTHER'S MAIDEN NAME: Ivy May Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: ------

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
762.5 Immediate cause	(a) Respiratory Failure	5 hr live
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis	4 days
759	(c) Prematurity - 28 weeks gestation	4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----- 19b. MAJOR FINDINGS OF OPERATION: ------

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept., 1950, to 5 Sept., 1950, that I last saw the deceased alive on 5 Sept., 1950, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laura Hill Kremer	M.D.	U.S. Army Hospital	ABERDEEN MD.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 6th.	Aberdeen Post Cemetery	Aberdeen, Harford Co., Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 7-50	Nellie H Riley	Henry Tarring & Sons,	Aberdeen Md.

2-D-9-01-0-30-3-24-1

VS. A15

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SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09312

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mlmington COUNTY Del
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 606 E. 33rd. ✓

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) (Last) Penny
4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	unknown	abt 1910 ?	about 40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laber	Corn Rubber farms	unknown	

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown	135-12-1177	Aberdeen Police Dept. Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull — 812.5

Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underiying cause last (b) — 1900

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway #40	(CITY OR TOWN) New Aberdeen	(COUNTY) Harford	(STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Nnt while at work ☐	HOW DID INJURY OCCUR?
Sept 2 1950 11 a.m.		Auto Accident - Pedestrian

22. *I certify thot I took chorge of the remains described obove, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☐, occident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Delaney	M.D.	Aberdeen Md	Sept 3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 6th-1950	Country Home Cemetery	Bel Air Harford Co Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 6-1950	A. L. Lewis M.D.	Henry Tarring and Sons	Aberdeen Md.

8666 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09313

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston — LENGTH OF STAY (in this place): 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FLORENCE WEATHRILL PRESTON
4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 29 1950
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 22 1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months 3, Days 6 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Fallston Harford Co Md
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME: Wm Amoss
14. MOTHER'S MAIDEN NAME: Francinsa Weathrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hall S. Preston Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 5 hours

332x Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 20 years

(c) Senility. — 20 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, Type unknown — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/, 1950, to 9/28/1950, that I last saw the deceased alive on 9/28/, 1950, and that death occurred at 1:15A m., from the causes and on the date stated above.

SIGNATURE: Robert Barthet (Degree or title) MD. — ADDRESS: Forest Hill Maryland — DATE SIGNED: Sept. 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct 1-50 — NAME OF CEMETERY OR CREMATORY: Freundship — LOCATION (City, town, or county) (State): Fallston Md

DATE REC'D BY LOCAL REG: 9/30/50 — REGISTRAR'S SIGNATURE: Bircella Forward — 24. FUNERAL DIRECTOR: Martin G. Kurtz — ADDRESS: Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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OCT 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09314

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Harford Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Nr. Fawn Grove. | LENGTH OF STAY (in this place) 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS — P.O. Fawn Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Fawn Grove
STREET ADDRESS (If rural, give location) Near Fawn Gr. on Herbins Rd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Allen (Last) Schuler
4. DATE OF DEATH: (Month) Sept (Day) 10, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9-9-50
9. AGE last birthday: yrs. | If under 1 year: Mooths. Days | If under 24 hrs.: Hours 5 Mio. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delmond Bruce Schuler
14. MOTHER'S MAIDEN NAME: Pauline May Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Delmond Bruce Schuler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 **Immediate cause** (a) Pulmonary atalectasis

Antecedent cause(s)

161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1950, to Sept 10 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles E. Doff M.D. Street, Md. 9-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9-12-50 | NAME OF CEMETERY OR CREMATORY Fellowship | LOCATION (City, town, or county) (State) Harford County, Maryland

DATE REC'D BY LOCAL REG. 9/12/50 | REGISTRAR'S SIGNATURE Priscilla Foxwood | 24. FUNERAL DIRECTOR ADDRESS Kenneth W Osborn Stewartstown Pa.

1-0-9-09-0-40-7-35-V

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SEP 14 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09315

Reg. Dist. No. 18 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Hosford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Man | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Hosford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Man
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Corely M Anna	Smith		Sept	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Aug 19 1950	1 month	yrs.	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert W Smith	Margaret Conklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Robert W Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
754.4 **Immediate cause**	(a) Congenital Heart Disease	
151.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Pneumonia	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

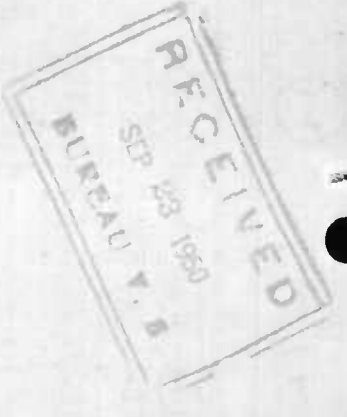
22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Delaney	M.D.	Aberdeen Md.	Sept 19. 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 20th 50	Bakers Cemetery	aberdeen, Harford Co. md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 21 1950	Nellie F. Riley	Henry Tarring and Sons	Aberdeen Maryland.

Infant Code - 20819023403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SEP 23 1960
BUREAU V. S

09316

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Clarence (Last) Steltz
4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 17 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming owner
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Jeff E Stiltz
14. MOTHER'S MAIDEN NAME Margaret Buttler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Y
16. SOCIAL SECURITY NO.
17. INFORMANT Otis W Stiltz Pylesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Gunshot wound chest — none

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Pylesville (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 10, 1950 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer M.D. (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 9/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 13 1950
NAME OF CEMETERY OR CREMATORY Farm Grove
LOCATION (City, town, or county) Farm Grove (State) Pa

DATE REC'D BY LOCAL REG. 9/12/50
REGISTRAR'S SIGNATURE Priscilla Towood
24. FUNERAL DIRECTOR H Howard Webb ADDRESS Farm Grove Pa

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1950
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09317

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belcamp — LENGTH OF STAY (in this place) 1 HR
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 823 Erie Street

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) May (Last) Stout
4. DATE OF DEATH: (Month) September (Day) 14 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 29-1902
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House hold duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Chestertown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel Younger
14. MOTHER'S MAIDEN NAME: Sarah Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Walter Martin Stout

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture skull	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

812.5
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Traumatic amputation R leg — 1 hour

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Route 40 — (CITY OR TOWN) Belcamp — (COUNTY) Harford — (STATE) Md.
TIME OF INJURY (Month) September (Day) 13 (Year) 1950 (Hour) 4:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 9/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 16 — NAME OF CEMETERY OR CREMATORY: Angel Hill Cemetery — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Sept. 15-1950 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: H. Madison McDuell Funeral Director — ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09318

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; LENGTH OF STAY (In this place) about 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural #2
STREET ADDRESS (If rural, give location) near Churchville rud.

3. NAME OF DECEASED (Type or Print): (First) Wilborn; (Middle) Gilmore; (Last) Thompson
4. DATE OF DEATH: (Month) 9; (Day) 6; (Year) 19 50
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 8th 1875
9. AGE last birthday: 74 yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Owner Farm
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isham Thompson
14. MOTHER'S MAIDEN NAME: Lorcoresa Simmons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Wilborn Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary odema	10 min
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V Disease	11 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 39, to Sept, 19 50, that I last saw the deceased alive on Sept 2, 19 50, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Ralph Horky M.D. ADDRESS: Churchville Md DATE SIGNED: Sept 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept. 9th 1950
NAME OF CEMETERY OR CREMATORY: Smith Chapel Cemetery
LOCATION (City, town, or county) (State): Churchville Harford rud.

DATE REC'D BY LOCAL REG.: Sept 9-50
REGISTRAR'S SIGNATURE: Nellie H Riley.
24. FUNERAL DIRECTOR: Henry Farring and Sons, Aberdeen
ADDRESS: 000 W rud.

RECEIVED
SEP 14 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09319

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madonna | LENGTH OF STAY (in this place) 87 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) White Hall R.D. Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Leslie	TURNER	Sept.	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	widower	April 2, 1863	87 yrs.	5	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	General farming	Madonna Harford Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Turner	Julia Ann Whiteford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Harry A. Turner, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X **Immediate cause** (a) Cerebral Thrombosis — 9 hrs.

83b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 1940, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. M. France	M.D.	Parkton, Md.	9/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	Sept. 21, 1950	Bethel	Madonna, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-20-50	Priscilla Forwood	Martin L. Kurtz	Jarrettsville, Md.

RECEIVED
SEP 30 1980
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09320

Reg. Dist. No. 18 S-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Transient | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY New York City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 244 W-143rd St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Moore (Last) Watts
4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	6/16/1911	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk Va
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Gus Mosley
14. MOTHER'S MAIDEN NAME: Lucy Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Dorothy Powell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause	(a) Fracture of Base of Skull Fracture of Cervical Vertebra	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) auto accident	
MOC	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: New Belair Route #1 (CITY OR TOWN) Harford (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 3 1950 1:15 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto Accident of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Delaney MD		Aberdeen Md	Sept 4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Sept. 11, 1950	Calvary Cemetery	Norfolk	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9-1950	A. L. Lewis M.D.	Elmer E Bullock	Havre de Grace, Md

52086

VS. A15A

RECEIVED
SEP 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09321

CERTIFICATE OF DEATH

Reg. Dist. No. 18 S-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND
LENGTH OF STAY (in this place) This.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) CHRISTOPHER (Last) Wiggins

4. DATE OF DEATH (Month) September (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 23 May 1892

9. AGE last birthday 58 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Road Commission

10b. KIND OF BUSINESS OR INDUSTRY truck driver

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Wiggins

14. MOTHER'S MAIDEN NAME Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 216-05-8641

17. INFORMANT AND ADDRESS Mrs. Violet Wiggins, Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema

Antecedent cause(s) (b) Chronic Suppurative Pleurisy

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cirrhosis of Liver

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

581.0

124 b

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1950, to 9/10, 1950, that I last saw the deceased alive on 9/10, 1950 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alexander Sandecki M.D. Havre de Grace, Md 9/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sept 13-50

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county), (State) Colora Cecil Md.

DATE REC'D BY LOCAL REG. Sept. 11-1950

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun Md.

42097

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09322

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 877 Otsego

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) B (Last) Witmer
4. DATE OF DEATH (Month) September (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/20/91
9. AGE last birthday 58 yrs. If under 1 year Months 10 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman, Aberdeen Pennsylvania Bend
10b. KIND OF BUSINESS OR INDUSTRY Unknown.
11. BIRTHPLACE (State or foreign country) Colerain, Lancaster Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel B. Witmer
14. MOTHER'S MAIDEN NAME Sidney Groff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Cora L. Witmer, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	—
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md 9/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/14/50
NAME OF CEMETERY OR CREMATORY Brick Church
LOCATION (City, town, or county) (State) Lancaster Co. Pa.
DATE REC'D BY LOCAL REG. Sept 12-1950
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

31698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09323

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) S (Last) Zawadsky

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar 17, 1896

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Riveter

10b. KIND OF BUSINESS OR INDUSTRY: Ship yard

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sylvester Zawadsky

14. MOTHER'S MAIDEN NAME: Patricia Suhovecky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-07-5343

17. INFORMANT: Wesley Zawadsky Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerard C Palmer M.D. Deputy Medical Examiner Bel Air Md. 9/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 11, 1950 — NAME OF CEMETERY OR CREMATORY: St Francis — LOCATION (City, town, or county) (State): Abingdon Harford Md

DATE REC'D BY LOCAL REG. Sept 11, 1950 — REGISTRAR'S SIGNATURE: Mame M. Monsdale — 24. FUNERAL DIRECTOR: Howard K. McCormick Son — ADDRESS: Abingdon Md

3984-V

VS. A15A

RECEIVED
SEP 14 1950
BUREAU V. S